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1644

Atty. Dkt. No. 053466-0296

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tadamitsu KISHIMOTO et al.

Title: CHRONIC RHEUMATOID ARTHRITIS
THERAPY CONTAINING IL-6 ANTAGONIST
AS EFFECTIVE COMPONENT

Appl. No.: 09/756,125

Filing Date: 1/9/2001

Examiner: Gerald R. EWOLDT

Art Unit: 1644

Confirmation 6506

Number:

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

07/15/2010 AVONDAF1 00000054 09756125

01-FC:1253

1110.00 OP

[] Assertion of Small Entity status is enclosed.

07/15/2010 AVONDAF1 00000054 09756125

01-FC:1253

1110.00 OP

[X] The fee required for additional claims is calculated below:

	Claims		Extra			Additional	Claims Fee
	As	Previously	Claims	Present	Rate		
	Amended	Paid For					
Total Claims:	3	-	20	=	0	x \$52.00 =	\$0.00

Independent Claims:	2	-	3	=	0	x \$220.00	=	\$0.00
First presentation of any Multiple Dependent Claims:		+		\$390.00	=		\$0.00	
						CLAIMS FEE TOTAL	=	\$0.00

[X] Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$130.00	\$0.00
[] Extension for response filed within the second month:	\$490.00	\$0.00
[X] Extension for response filed within the third month:	\$1,110.00	\$1,110.00
[] Extension for response filed within the fourth month:	\$1,730.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,350.00	\$0.00
	EXTENSION FEE TOTAL:	\$1,110.00
[X] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$140.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$1,250.00
[] Small Entity Fees Apply (subtract ½ of above):		\$0.00
	Extension Fees Previously Paid:	\$0.00
	TOTAL FEE:	\$1,250.00

A credit card payment form in the amount of \$1,250.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, Applicants hereby petition for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date July 14, 2010

By NElliott

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